IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF KANSAS

	Plaintiff	_)	
VS.) Case No.	
	Defendant(s)	<u></u>	

APPLICATION FOR LEAVE TO FILE ACTION WITHOUT PAYMENT OF FEES, COSTS OR SECURITY, WITH AFFIDAVIT OF FINANCIAL STATUS IN SUPPORT

The above named plaintiff states that he/she is without means to pay the fees, costs or security to file an action against the above name defendant and that the plaintiff is justly aggrieved by action of the defendant.

Plaintiff states that attached hereto is his/her affidavit of financial status in support of his/her application to the court for leave to file a civil action without payment of costs.

Pursuant to the Court's policy to protect the personal privacy interests of parties (see Standing Order No. 03-3, Chapter XVI, Rules of Practice and Procedures for District and Bankruptcy Court), this Application SHALL BE SEALED UPON FILING.

AFFIDAVIT OF FINANCIAL STATUS

	I, _				, declare that I
am t	the			in the above	entitled case: that in support
of m	ny moti	ion to proceed with	out being require	ed to prepay fees, costs of	or give security therefor, I
state	that b	ecause of my pove	rty I am unable to	p pay the costs of said p	roceedings or to give security
ther	efor: tl	hat I believe I am e	entitled to relief.		
	I fui	rther swear that the	responses which	I have made to the que	stions below and the
infor	mation	I have given relati	ing to my ability	to pay the costs of comr	mencing and prosecuting this
actio	n are ti	rue.			
Ι.	MAR	RITAL STATUS A			
	A.	Single:	Married:	Separated:	Divorced:
	B.	Name of spouse			
	C.	Age of plaintiff			
	D.	Age of spouse			
	E.	Address of plaint	iff:		
		Telephone:			
	F.	Address of spous	e:		
		Telephone:			
	G.			ts who live with you, the	

II. EMPLOYMENT

Present employment:		
Name of employer:		
Address of employer	:	
Employer's telephone	e:	
Length of employme	nt:	
Job title or description	on:	
Net income:	Monthly \$	Weekly \$
Gross income:	Monthly \$	Weekly \$
Does employer provi	de health insurance?	Yes No
If employer provides	health insurance, de	scribe coverage:
Previous employment Name of employer:		
Job title or description	on:	
Net income: Month	nly \$	Weekly \$
Gross income: Month	hlv ¢	XXX 11 d
	шу ф <u> </u>	Weekly \$
Employment of spou		Weekly \$
Employment of spou Name of employer:	se:	Weekly \$
Name of employer:	se:	
Name of employer: Address of employer	se: :	
Name of employer: Address of employer Employer's telephone	se:	
Name of employer: Address of employer Employer's telephone Length of employme	se: : e: nt:	
Name of employer: Address of employer Employer's telephone Length of employme	se:	

III. FINANCIAL STATUS (Answer questions on behalf of both the plaintiff and spouse.)

A.	Owner of real property? Yes	No				
	If yes - Description:					
	Address:					
		In whose name?				
	Estimated value \$					
		Total amount owed \$				
	Owed to:					
	Annual income from property	y \$				
B.	Owner of automobile? Yes No					
	If yes, number of automobile	If yes, number of automobiles owned:				
	Make	Model	Year			
	Make	Model	Year			
	In whose name registered:					
	Present value \$					
	Amount owed on the automobile(s) \$					
	Owed to:					
	Monthly payment(s) \$					
C.	Cash on hand: (Include checking and savings accounts)					
	\$					
	List names and addresses of banks and associations.					
	State account numbers:					

	D.	D. Have you received within the past 12 months any money from any of the following sources?		ollowing	
		Rent payments, interest or dividends:	Yes	No	
		Pensions, trust funds, annuities or life insurance payment:			
		Gifts or inheritances?			
		Welfare payments?			
ADC or other governmental child support? Unemployment benefits?		ADC or other governmental child support?			
		Unemployment benefits?			
		Social Security benefits?			
		Other sources?			
	E.	E. If the answer to any item in D above was "Yes", describe each source of mostate the amount received from each during the past 12 months:			
IV.	OBI	LIGATIONS			
	A.	Monthly rental on house or apartment \$			
	B.	Monthly mortgage payments on house \$			
		Amount of equity in house \$			
	C.	Monthly mortgage payments on other properties \$			
		Amount of equity in other properties \$			
		· · · · · · · · · · · · · · · · · · ·			

D.	Household expenses:		
	Monthly grocery expense \$		
	Monthly utilities:		
	Gas \$		
	Electric \$		
	Water \$		
	Other: (Specify)		
E.	Other debts and miscellaneous monthly expenses:		
То	whom owed and for what reason incurred M Pa	onthly syment	Balance <u>Due</u>
OTI rega	HER INFORMATION PERTINENT TO FINANCIAL STATUS arding stocks, bonds, savings bonds, either owned individually or	(Include in	nformation
1050	ading stocks, bonds, savings bonds, claim owned marvidually of	ominy own	ica).

V.

I understand that a false statement or answer to any question in this affidavit in support of my motion to proceed in forma pauperis will subject me to penalties of perjury.

Signature of Plaintiff		
Nome (Drint on Type)		
Name (Print or Type)		
Address		
City	State	Zip Code
Telephone		